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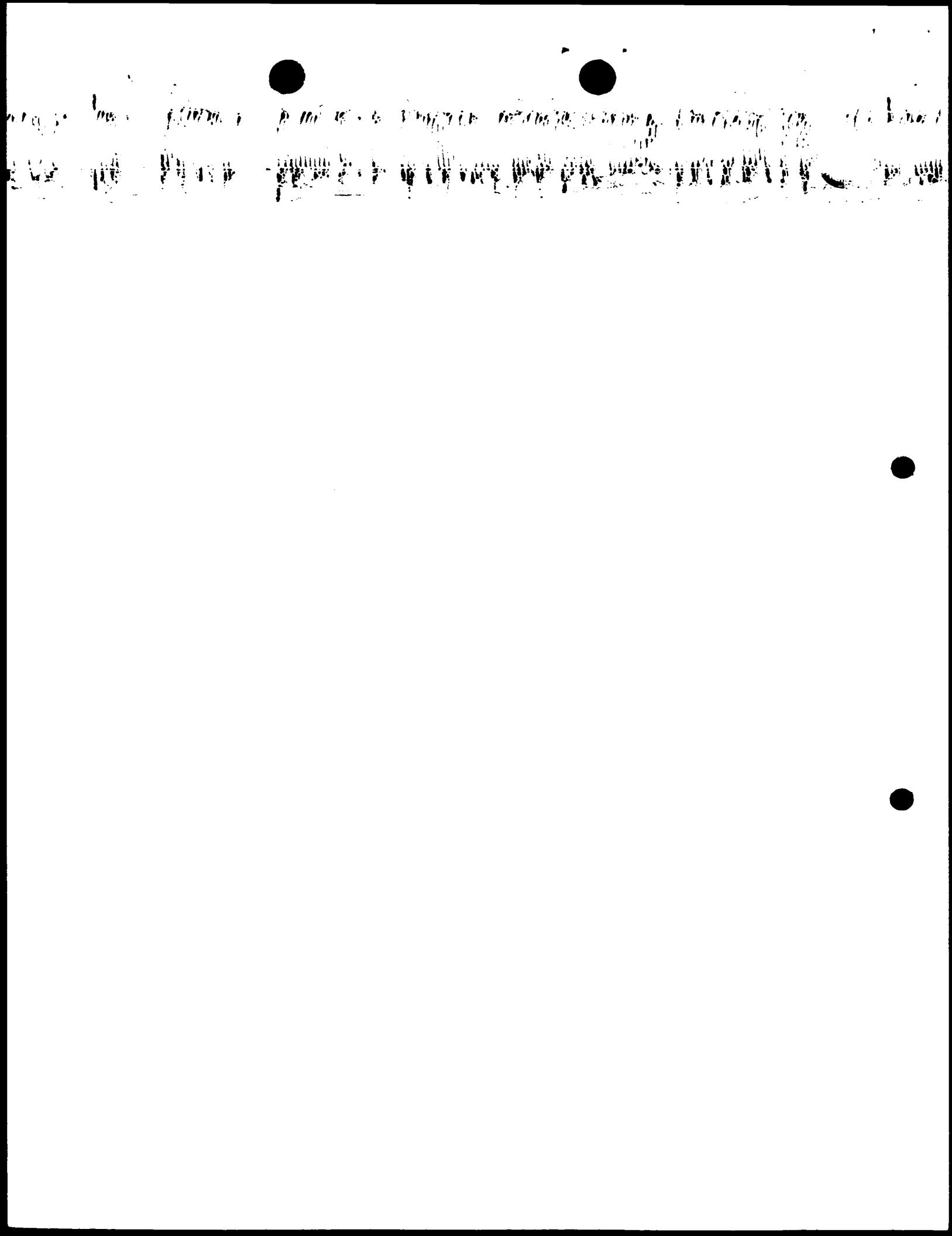
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Cardiff Road  
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1. Your reference PC/JM/P08488GB

2. Patent application number

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9917793.3

3. Full name, address and postcode of the  
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THE UNIVERSITY COURT OF THE UNIVERSITY  
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GILBERT SCOTT BUILDING  
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Patents ADP number (if you know it)

273546003  
D&

4. Title of the invention

"PEPTIDE TRANSPORT"

5. Name of your agent (if you have one)

CRUIKSHANK & FAIRWEATHER

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547002

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Claim(s) -

Abstract -

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0141-221-5767

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The present invention relates to improving and/or increasing the bioavailability of a biologically active substance, such as a peptide. In particular the present invention relates to the conjugation of the biologically active substance to a bile acid. The conjugated biologically active substance is particularly suitable for oral or parenteral administration.

Of all the routes of administration utilised by medicine, oral ingestion is commonly believed to be the most preferred. Such a route of administration, which may be by means of syrup, elixir, tablets, capsules, granules, powders or any other convenient formulation, is generally simple and straightforward and is frequently the least inconvenient or unpleasant route of administration from the patients' point of view.

However, most biologically active materials are very poorly absorbed when administered orally. This is a result of the acidic and hydrolytic environments of the stomach and small intestine, which are hostile to many materials, including proteins, and the intestinal epithelium which acts as a potential barrier to the passage of biologically active materials.

It is possible to provide enteric coated formulations which are protected from the acid environment of the stomach and which allow the biologically active material to survive its passage through the stomach and to be taken up by the body in the small intestine. However, relatively

absorbed by the small intestine..

As a result, proteinaceous medicaments, such as insulin which is used to treat diabetes mellitus, have to be taken parenterally, often by subcutaneous, intramuscular 5 or intravenous injection, with all the inconvenience, entails.

Besides diabetes mellitus, there are numerous other 10 conditions which require treatment by administration of a proteinaceous compound or another macromolecule. Osteoporosis is a further example of a condition which can be treated with a protein, in this case calcitonin. Another example is dwarfism which is treated with the administration of protein growth hormones.

15 It has been found that when pharmaceutically-active compounds are administered together with certain bile acids together with a buffer, the bioavailability is increased (WO 96/06635). Where the biologically active material is associated with but not conjugated to a bile acid, it is 20 believed that the bile acid improves absorption of biologically active materials as a result of their action on the cell membranes of epithelial cells.

US 5,641,767 discloses the use of covalently modified bile acids which are suitable for oral administration. 25 However, the modified bile acids themselves are employed as active pharmaceutical agents.

an active compound bound directly to the bile acid ring system via a bonding member. The bile acid has been shown to assist in the uptake of the active material.

Kramer et al (J. Biol. Chem (1994) 269 pp 10621 - 5 10627) describes how the attachment of a peptide to the C3

Additionaly Stephan et al (Biochem. Pharmacol. (1992), 43 pp 1969 - 1974) describes how the conjugation of thyroid hormone (L-T<sub>3</sub>) to the carboxy group of cholic acid 10 assists the uptake of the hormone. However, this document teaches the use of conjugated bile acid to target the hormone predominantly to the liver in order to minimise access to non-hepatic cells and thus reduce undesirable side effects.

15 The present invention is based on the unexpected discovery that conjugation of a pharmaceutically active substance to a bile acid via the carboxylic acid group of the bile acid results in improved uptake of the active substance into the blood stream when administered orally.

20 Moreover, it has also been observed that such conjugated material may be administered parenterally at much lower doses than the unconjugated form of the biologically active substance.

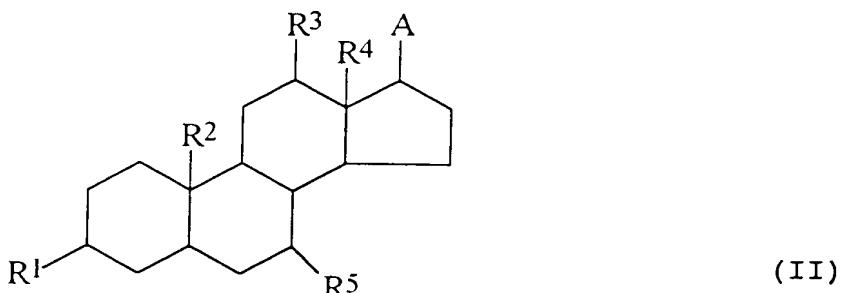
25 In a first aspect the present invention provides an amide of a bile acid/salt, wherein the group bound to the bile acid/salt by the amide bond is a peptide of formula (I):

wherein X is at least one polypeptide chain of at least 4 amino acids in length which may be linear, branched or comprise two or more cross-linked 5 polypeptide chains; and

the terminal carboxy of the polypeptide chain.

In a further aspect the present invention provides an amide of a bile acid/salt of formula (II):

10



wherein R<sup>1</sup> to R<sup>5</sup> are independently selected from OH, H or C<sub>1-6</sub> alkyl; and

20 A is -R<sup>6</sup>-CO-X-Y

wherein R<sup>6</sup> is C<sub>2</sub> to C<sub>6</sub> branched or linear alkylene; X is at least one polypeptide chain of at least 4 amino acids in length which may be linear, branched or comprise two or more cross-linked 25 polypeptide chains; and

Y is OH, NH<sub>2</sub>, or a C<sub>1</sub>-C<sub>6</sub> ester group bonded to the terminal carboxy of the polypeptide chain.

the terms. The salt and bile acid are used interchangeably since the pH of the surrounding environment will determine whether the salt or its acid is present.

The peptide is conjugated to the bile salt by means of 5 an amide bond. This amide bond may be formed by covalently linking the carboxyl group of the bile salt ester to an amine or  $\alpha$ -imine group or any other amine or imine group belonging to the side chains of the amino acids of the peptide. Such amino and imino acids having an amine group 10 on a side chain include proline, tryptophan, lysine, arginine, histidine, asparagine, glutamine, or any other suitable synthetic or natural amino or imino acid. Therefore, it will be appreciated that more than one bile salt may be conjugated to the one polypeptide chain or 15 protein which may result in a greater uptake of conjugated bile salt-peptide.

Furthermore, these amino or imino groups may be either located at the beginning of the peptide chain or may be located in the interior of the polypeptide chain.

Typically the peptide is at least 4 amino acids long. 20 More typically, the peptide is from 4 to 600 amino acids long, such as 4 to 200 amino acids long. The term "peptide" therefore encompasses polypeptides and proteins. Furthermore, peptides modified by, for example, 25 glycosylation, can also be utilised in the present invention, as can a protein comprising two or more polypeptide chains each of length of 4 to 600 amino acids

example, insulin and immunoglobulins.

Bile salts may be mono-, di- or tri-hydroxylated and may contain a  $3\alpha$ -hydroxyl group. The other hydroxyl groups, most commonly found at C<sub>7</sub> or C<sub>12</sub>, may be positioned either above ( $\beta$ ) or below ( $\alpha$ ) the plane of the molecule.

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20  
are included amphiphilic polyhydric sterols bearing carboxyl groups as part of the primary side chain. The most common examples of these in mammals result from cholesterol metabolism and are found in the bile and, in derivatised form, throughout the small and large intestine.

In the context of this specification, the terms "bile salt" or "bile acids" may also apply to synthetic analogues of naturally occurring bile salts/ acids which display similar biological effects, or to microbially derived molecules and their derivatives.

20  
The bile salt (or salts) may be either underivatised or derivatised. The term "underivatised" refers to a bile salt in which the primary side chain has a single carboxyl group at the terminal position and is unsubstituted.

Thus, in the present invention, examples of suitable underivatised bile salts include cholate, deoxycholate, chenodeoxycholate and ursodeoxycholate, with cholate being particularly preferred.

25  
It is to be understood that the present invention may also utilise bile salts that have been derivatised. For example a derivatised bile salt may be one in which the

substituted. Often the substituent will be an amino acid derivative which is linked via its nitrogen atom to the carboxyl group of the bile salt. Derivatised bile salts which may be employed include taurocholate, 5 taurodeoxycholate, taurooursodeoxycholate, taurochenodeoxycholate, glycoursoodeoxycholate, glycchenodeoxycholate, taurolithocholate and glycolithocholate.

It is to be understood that derivatised bile salts may 10 be employed in the present invention by either underivatising and conjugating the peptide to the bile salt or by conjugating the peptide to the amino acid derivative on the derivatised bile salt.

Examples of particular polypeptides or proteins which 15 may be employed in the present invention include insulin, secretin, gastrin, gastrin releasing peptide, glucagon, cholecystokinin (CCK) gastric inhibitory peptide (also known as glucose insulinotropic peptide (GIP)), parathyroid hormone, thyrotropin-releasing hormone, gonadotropin-20 releasing hormone (also known as lutenizing hormone-releasing hormone (LHRH)), corticotropin-releasing hormone, somatostatin, adrenocorticotrophic hormone (ACTH), renin, angiotensin I, angiotensin II, atrial natriuretic hormone (ANH), somatomedins such as insulin-like growth factors 25 IGF1 and IGF2, calcitonin, haemoglobin, cytochrome C, horseradish peroxidase, aprotinin, mushroom tyrosinase, erythropoietin, somatotropin (growth hormone), growth

(also known as Christmas factor), tissue plasminogen activator, antibodies such as IgG, IgM, IgA, IgD and IgE, superoxide dismutase, catalase, peroxidase, ferritin, interferon, Factor VIII, soy bean trypsin inhibitor, GLP1, other blood coagulation factors, somatostatin, antidiuretic

glycoproteins, such as follicle stimulating hormone (FSH), lutenizing hormone (LH), inhibin, chorionic gonadotropin (CGT) and thyroid stimulating hormone (TSH), and analogues and fragments of all of these and all of which can be from any suitable source.

Furthermore, mixtures of one or more of these or any proteins may be employed in the present invention.

Whilst it is possible for the active conjugated peptide to be administered alone, it is preferable to present the active conjugated peptide in a pharmaceutical formulation. Thus in a further aspect, the present invention provides a pharmaceutical formulation, comprising a conjugated peptide according to the present invention and a pharmaceutically acceptable carrier.

Formulations of the present invention, for medical use, comprise a conjugated peptide together with one or more pharmaceutically acceptable carriers and optionally other therapeutic ingredients. The carrier(s) should be pharmaceutically acceptable in the sense of being compatible with the other ingredients of the formulation and substantially non-deleterious to the recipient thereof.

formulated to be administered orally.

Typically the pharmaceutical formulation may be protected, such as by encapsulation, to prevent degradation in the stomach in order for the conjugated peptide to reach 5 the small intestine substantially intact for uptake by the

In addition, there is provided as a further, or alternative, aspect of the invention, a conjugated peptide according to the present invention, or a physiologically 10 functional derivative thereof, for use in therapy.

The amount of conjugated peptide required to be effective will, of course, vary and is ultimately at the discretion of the medical or veterinary practitioner. The factors to be considered include the condition being 15 treated, the route of administration, and nature of the formulation, the mammal's body weight, surface area, age and general condition and the particular compound to be administered. A suitable effective dose of compounds of the invention generally lies in the range of about 0.01 to 20 about 120mg/kg bodyweight, e.g. 0.1 to about 120mg/kg body weight, preferably in the range of about 0.1 to 50mg/kg, for example 0.5 to 50mg/kg. The total daily dose may be given as a single dose, multiple doses, e.g. two to six times applications per day. For example, for a 75kg mammal 25 (e.g. a human) the dose range would be about 8 to 9000 mg per day, and a typical dose could be about 50mg per day. If discrete multiple doses are indicated treatment might

4 times per day.

There is also provided a method for the preparation of a pharmaceutical formulation comprising bringing into association a conjugated peptide of the present invention, 5 and a pharmaceutically acceptable carrier therefor.

Oral administration may be presented as discrete units such as capsules, sachets, tablets, lozenges, comprising the active ingredient in a flavoured base, usually sucrose and 10 acacia or tragacanth; or pastilles comprising the active ingredient in an inert base such as gelatin and glycerin, or sucrose and acacia. Each formulation generally contains a predetermined amount of the active compound; as a powder or granules; or a solution or suspension in an aqueous or 15 non-aqueous liquid such as a syrup, an elixir, an emulsion or draught and the like.

A tablet may be made by compression or moulding, optionally with one or more accessory ingredients. Compressed tablets may be prepared by compressing in a 20 suitable machine the active compound in a free-flowing form such as a powder or granules, optionally mixed with a binder, (e.g. povidone, gelatin, hydroxypropylmethyl cellulose), lubricant, inert diluent, preservative, disintegrant (e.g. sodium starch glycollate, cross-linked 25 povidone, cross-linked sodium carboxymethyl cellulose), surface active or dispersing agent. Moulded tablets may be made by moulding in a suitable machine a mixture of the

The tablets may optionally be coated or scored and may be formulated so as to provide slow or controlled release of the active ingredient therein using, for example, hydroxypropylmethylcellulose in varying proportions to provide the desired release profile.

5 The tablets may also be manufactured by adding the compound to a concentrated, aqueous solution of a sugar, for example sucrose, to which may also be added any necessary ingredients. Such accessory ingredient(s) may include 10 flavourings, an agent to retard crystallization of the sugar or an agent to increase the solubility of any other ingredients, such as a polyhydric alcohol, for example glycerol or sorbitol.

In addition to the aforementioned ingredients, the 15 formulations of this invention may further include one or more accessory ingredient(s) selected from diluents, buffers, flavouring agents, binders, surface active agents, thickeners, lubricants, preservatives (including antioxidants) and the like.

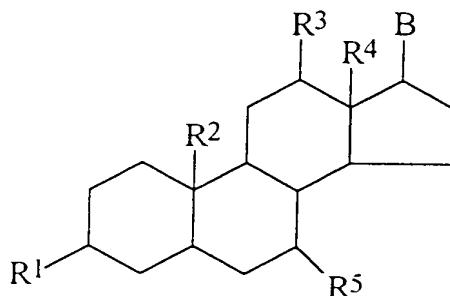
20 In a further aspect the present invention provides the use of a conjugated peptide of the present invention in the manufacture of a medicament in a form suitable for oral administration.

25 In yet a further aspect, the present invention provides the use of a conjugated peptide of the present invention in association with unconjugated peptide.

conjugation of a biologically active material such as a peptide to a bile salt or acid allows lower doses of the biologically active material to be administered parenterally. That is, the pharmacokinetics and/or 5 bioavailability of a biologically active material are increased when a conjugate of a biologically active material is added parenterally.

Thus, in a further aspect, the present invention provides use of a compound according to Formula (III):

10



15

(III)

wherein R<sup>1</sup> to R<sup>5</sup> are independently selected from OH, H or 20 C<sub>1-6</sub> alkyl; and  
B is -R<sup>6</sup>-CO-Z  
wherein R<sup>6</sup> is C<sub>2</sub> to C<sub>6</sub> branched or linear alkylene; and  
Z is a pharmaceutically active agent;  
in the manufacture of a medicament suitable for parenteral 25 administration.

defined as any substance, natural or synthetic, which has a physiological action on a living body.

Typically, Z may be bound to the bile acid/salt by an amide linkage.

5 Examples of suitable pharmaceutical agents include  
10 different types of drugs such as antibiotics, as well as polysaccharides, such as heparin, oligonucleotides/polynucleotides and analogues which may be useful in interfering with replication of nucleic acids in  
15 virally infected or cancerous cells and for correcting other forms of inappropriate cell proliferation, or as a means of delivery of a sequence of nucleotides for the purpose of enhancing the synthesis of natural compounds otherwise deficit in the body to compensate for that  
20 deficiency. Other suitable pharmaceutical agents include anaesthetics such as thiopentone, anxiolytics such as diazepam, hypnotics such as temazepam, neuroleptics such as chlorpromazine, anti-depressants such as amitriptyline, anti-epileptics such as clonazepam, anti-Parkinsonian drugs such as apomorphine, opioid analgesics such as endorphins, 25 dynorphins and enkephalins, neuropeptide transmitters such as vasoactive intestinal polypeptide (VIP), neuropeptide transmitter antagonists such as [Lys<sup>1</sup>, Pro<sup>25</sup>, Arg<sup>3,4</sup>, Tyr<sup>6</sup>]-VIP, muscarinic agonists such as pilocarpine, anti-cholinesterases such as neostigmine, muscarinic antagonists such as cyclopentolate, nicotinic antagonists such as suxamethonium, direct sympathomimetics such as oxymetazoline

adrenoceptor blocking drugs such as guanethidine; adrenoceptor antagonists such as prazosin, vasodilators such as captopril, anti-angina drugs such as isosorbide, cardiotonic drugs such as digoxin, anti-dysrhythmic drugs such as atenolol, anti-coagulants such as streptokinase and 5 fibrinolytic drugs such as streptokinase or urokinase; anti-anaemia drugs such as iron sorbitol, anti-inflammatory drugs such as phenylbutazone, diuretics such as frusemide, histamine antagonists such as cetirizine, anti-peptic ulcer drugs such as omeprazole or ranitidine, anti-gut motility disorder drugs such as loperamide, chemotherapy drugs such 10 as nalidixic acid, rufamicin, tetracycline and tamoxifen, anti-bacterial drugs such as gramicidin A, penicillins and sulphonamide, anti-viral drugs such as acyclovir, anti-fungal drugs such as fluconazole and anti-parasite drugs 15 such as chloroquine, amongst others.

These and other aspects of the present invention shall now be further described, by way of example only, and with reference to the accompanying Figures which show:

20 Figure 1 is a schematic representation of conjugation between cholic acid and tetragastrin according to an embodiment of the present invention;

Figure 2 is a graph depicting the effect of 25 intravenous tetragastrin (G4) ( $12.5\mu\text{g kg}^{-1}$ , first and third arrows), and ileally-infused G4 ( $2500\mu\text{g kg}^{-1}$  in 1.0ml saline, second arrow) on gastric secretion in  $\mu\text{mol 15min}^{-1}$  in an anaesthetised rat;

intravenous cholate conjugated tetrapeptide (G4-CA) ( $15\mu\text{g kg}^{-1}$ , first and third arrow), and ileally-infused G4-CA ( $600\mu\text{g kg}^{-1}$ , second arrow) on gastric acid secretion in  $\mu\text{mol 15min}^{-1}$  in an anaesthetised rat;

5       Figure 4 is a graph depicting the effect of  
          intravenous cholate conjugated tetrapeptide (G4-CA) ( $15\mu\text{g kg}^{-1}$ , first and third arrow), and ileally-infused G4-CA ( $600\mu\text{g kg}^{-1}$ , second arrow) on gastric acid secretion in  $\mu\text{mol 15min}^{-1}$  in an  
          anaesthetised rat;

10       Figure 5 is a graph depicting the effect of  
          intravenous cholate conjugated decapeptide (G10-CA) ( $3.3\mu\text{g kg}^{-1}$ , first and third arrows), and ileally-infused G10-CA ( $1000\mu\text{g kg}^{-1}$  in 1.0ml, second arrow) on gastric acid  
          secretion in an anaesthetised rat;

15       Figure 6 is a graph depicting the effect of  
          intravenous cholate conjugated 34 mer-gastrin (G34-CA) ( $14\text{ng kg}^{-1}$ , first and third arrows), and ileally-infused G34-CA ( $2700\mu\text{g kg}^{-1}$  in 1.0ml, second arrow) on gastric acid  
          secretion in an anaesthetised rat; and

20       Figure 7 is a graph depicting the effect of  
          intravenous cholate conjugated 34 mer-gastrin (G134-CA) ( $14\text{ng kg}^{-1}$ , first arrow), ileally-infused G34-CA ( $2700\mu\text{g kg}^{-1}$  in 1.0 ml, second arrow) and ileally infused G34 ( $5250\mu\text{g kg}^{-1}$  in 1.0 ml, third arrow) on gastric acid secretion in an  
          anaesthetised rat.

Experiments were carried out on male wistar rats of 250-350g, which had been starved overnight, and which were anaesthetized with an I.P. injection of Sagatal (pentobarbitone sodium, obtainable from Rhône Mérieux, Harlow Essex, UK) of dosage appropriate to the body weight.

10 After anaesthesia, the rats were placed in a stereotaxic frame and the right forelimb was immobilized by a clip on the limb flexor withdrawal reflex. The following surgical procedures were then carried out: tracheostomy to allow artificial ventilation if required, cannulation of the carotid artery to monitor blood pressure, cannulation of the external jugular vein to allow for the slow bolus infusion of drugs, intubation of the stomach at the pyloro-duodenal junction after ligation of the oesophagus to measure gastric acid secretion, cannulation of the terminal ileum and/or of the proximal jejunum distal to the ligament of Treitz for infusion of peptide hormones.

15 Gastric acid secretion was measured by the following method. 1.0ml of glycine/mannitol buffer (1 part glycine (0.3M) and 4 parts D-mannitol (0.3M) adjusted to pH 6.5) was instilled into the stomach and left for 15 min when withdrawal was made. The HCl secreted was determined by back titration with 10mM NaOH to pH 6.5.

20 The following test substances were used: Gastrin tetrapeptide (G4) (Trp-Met-Asp-Phe amide (Sigma Chemical Co. T-6515), cholate-Trp-Met-Asp-Phe amide conjugate (G4-CA), gastrin decapeptide (G10) (H-Glu-Glu-Glu-Ala-Tyr-Gly-Trp-Met-Asp-Phe-amide), cholate-Glu-Glu-Ala-Tyr-Gly-

Gly-Pro-Gln-Gly-Pro-Gln-His-Phe-Ile-Ala-Asp-Leu-Ser-Lys-  
Lys-Gln-Arg-Pro-Pro-Met-Glu-Glu-Glu-Glu-Ala-Tyr-Gly-  
Trp-Met-Asp-Phe-NH<sub>2</sub>) and cholate-Glu-Leu-Gly-Pro-Gln-Gly-  
Pro-Gln-His-Phe-Ile-Ala-Asp-Leu-Ser-Lys-Lys-Gln-Arg-Pro-  
5 Pro-Met-Glu-Glu-Glu-Ala-Tyr-Gly-Trp-Met-Asp-Phe-NH<sub>2</sub>  
For cholate-conjugated peptides, the final stage involved  
coupling of the terminal carboxyl group of cholic acid with  
10 the amine group of last amino acid in the peptide sequence  
(see Figure 1). The method which is described in the  
Pioneer Peptide Synthesis User's Guide will be known to  
those skilled in the art of peptide synthesis.

The composition and purity of the sample was confirmed  
15 with mass spectrometry and HPLC.

## RESULTS

The data are expressed as the mean  $\pm$  S.D.  $\mu\text{mol HCl}$   
secreted by the stomach over the stated time period in  
20 response to the experimental procedure.

### *Experiments with gastrin tetrapeptide (G4)*

It was first confirmed that biologically active G4 was  
not absorbed across the wall of the small intestine as  
25 illustrated by a typical experiment in Figure 2.

In 6 experiments, ileal infusion of a large dose of G4  
(2500 $\mu\text{g kg}^{-1}$  in 1.0ml isotonic saline) actually resulted in

nr\* which was significant ( $P=0.043$ ). In response to intravenous injections at the start and end of the experiment, gastric acid secretion increased significantly with respect to baseline by  $0.42 \pm 0.10 \mu\text{mol } 15\text{min}^{-1}$  ( $P=0.001$ )  
5 for the first injection and by  $0.50 \pm 0.14 \mu\text{mol } 15\text{min}^{-1}$

confirmed the responsiveness and continued viability of the preparation. Thus, it was demonstrated that G4 was not absorbed across the wall of the ileum. In another series of  
10 experiments, this lack of absorption of G4 was also confirmed for the upper jejunum.

The key experiment was to test whether G4-CA was absorbed from the small intestine: in this case, the relatively low dose of  $600 \mu\text{g kg}^{-1}$  G4-CA was injected intra-  
15 ileally. However, first, it was necessary to confirm that G4-CA had normal biological activity when injected intravenously. The first intravenous injection of G4-CA ( $15 \mu\text{g kg}^{-1}$ ) caused a significant mean peak increase above baseline in total acidity of  $0.64 \pm 0.26 \mu\text{mol } 15\text{min}^{-1}$  ( $P=0.017$ ), while the second I.V. injection also caused a  
20 significant increase of  $0.72 \pm 0.26 \mu\text{mol } 15\text{min}^{-1}$  ( $P=0.003$ ). A typical result is shown in Figure 3.

In a total of 17 rats, ileal administration of G4-CA ( $600 \mu\text{g kg}^{-1}$ ) resulted in a significant mean increase in  
25 gastric acid secretion of  $1.84 \pm 1.49 \mu\text{mol}$  ( $P=0.045$ ) over the 3hr collection period, as illustrated by Figure 3.

5           was added (used in place of cholic acid which by itself is  
essentially insoluble) so that the ratio of peptide: bile  
acid in solution was the same as that of the ileally-  
infused conjugate (approx. 3:2 ratio by weight), the mean  
response in 5 rats was to cause a drop in mean gastric acid  
secretion which was not significantly different from baseline levels (P=0.28).

10           When the G4-CA was infused into the jejunum, no  
increase in gastric acid secretion occurred, as shown by  
the typical experiment in Figure 4. Furthermore, when this  
jejunal infusion was then followed after 3hr by ileal  
infusion of G4-CA, gastric acid secretion was strongly  
stimulated.

15           In 5 rats, infusion of G4-CA ( $600\mu\text{g kg}^{-1}$  in 1.0ml) into  
the jejunum caused a significant mean reduction in gastric  
acid levels of  $0.70 \pm 0.41\mu\text{mol } 180\text{min}^{-1}$  (P=0.018). By  
contrast, when G4-CA ( $600\mu\text{g kg}^{-1}$ ) was subsequently injected  
intra-ileally (third arrow), the gastric acid levels were  
significantly increased by  $1.63 \pm 0.31\mu\text{mol}$  (P=0.001).

20           These results demonstrate the absorption of G4-CA with  
biological activity preserved. The effect required active  
conjugation of cholic acid to the tetrapeptide since an  
effect was not present with either tetragastrin alone or  
with the separate components of the conjugate. Furthermore,  
25           the absorption did not occur from the jejunum but was  
specific to the ileum: this indicates a requirement for  
bile salt facilitated transport.

The action of G10 on gastric acid secretion when injected I.V. in the same molar dose as G4 ( $36\mu\text{g kg}^{-1}$ ) in 5 rats was to cause a significant stimulation of the peak gastric acid secretion by  $1.28 \pm 0.93\mu\text{mol}$  ( $P=0.036$ ) in response to the initial injection and by  $1.45 \pm 1.15\mu\text{mol}$

10 following an injection to the second injection at the end of the experiment. Infusion of a large dose of G10 ( $6600\mu\text{g kg}^{-1}$  in 1.0ml) into the ileum did not significantly affect gastric acid secretion ( $-1.22 \pm 1.93\mu\text{mol 180min}^{-1}$ ,  $P=0.23$ ). The experimental data were similar to those shown in Figure 2.

By contrast, G10-CA proved to cause responses showing several differences from G10. In 5 rats the following results were obtained. First, G10-CA I.V. was biologically much more active than G10. Even after reduction of the dose to  $3.3\mu\text{g kg}^{-1}$  a marked stimulation of gastric acid secretion resulted as shown by significant increases in the mean peak responses:  $5.69 \pm 1.46\mu\text{mol}$  ( $P=0.001$ ) in response to the first injection and  $7.32 \pm 2.69\mu\text{mol}$  ( $P=0.004$ ) in response to the second injection. This implies that conjugation of G10 to cholate improves bioavailability and activity of G10 when administered intravenously, and is illustrated in the typical result in Figure 5.

25 When G10-CA was infused intra-ileally on the same molar basis as G4-CA ( $1000\mu\text{g kg}^{-1}$  in 1.0ml), there was considerable stimulation of gastric acid secretion with a

confirms that longer peptides are transportable across the wall of the ileum.

#### *Experiments with 34 mer-gastrin (G34)*

5 In 5 rats, the action of G34 on gastric acid secretion when infused into the ileum at a dose of 2700  $\mu\text{g kg}^{-1}$ , was to cause a significant stimulation of the peak gastric acid secretion by  $0.14 \pm 0.034 \mu\text{mol}$  ( $P=0.0008$ ) in response to the initial injection and  $0.23 \pm 0.051 \mu\text{mol}$  ( $P=0.0005$ )  
10 in response to the second injection at the end of the experiment. Infusion of G34 at the high dose of  $10.5 \text{ mg kg}^{-1}$  in 1.0ml into the ileum did not cause a significant change in mean gastric acid secretion ( $0.202 \pm 0.262 \mu\text{mol 180min}^{-1}$ ,  $P=0.16$ ). The experimental data were similar to  
15 those shown in Figure 5.

G34-CA, injected intravenously on an equimolar basis (14  $\text{ng kg}^{-1}$ ), caused significantly greater responses than G34 ( $P<0.0036$ ). In response to the first I.V. injection, the mean peak response was  $0.254 \pm 0.023 \mu\text{mol}$  ( $P=0.0001$ )  
20 and in response to the second I.V. injection was  $0.400 \pm 0.047 \mu\text{mol}$  ( $P=0.0001$ ). This is illustrated in the typical result in Figure 6. When G34-CA was infused intra-ileally (2700 $\mu\text{g kg}^{-1}$  in 1.0ml), stimulation of gastric acid secretion occurred with a mean increase of  $1.742 \pm 0.277 \mu\text{mol 180min}^{-1}$   
25 ( $P=0.0001$ ). This confirms that a molecule as large as 34-mer gastrin is transportable across the wall of the small intestine.

As in the prior art, the absorption of peptide hormones or polysaccharides has been described by the mixing of the peptide hormone or polysaccharide with other transport enhancing substances, including bile salts (WO 96/06635 and 5 US 5,866,536). Such a facilitatory action has also been described for the absorption of gastrin conjugates in the present invention. After introduction of the cholate conjugated form of gastrin (G4-CA, G10-CA, G34-CA) into the ileum, absorption of the conjugated gastrin across the 10 ileal wall into the circulation occurred (Figures 3, 5 and 6). When this was followed by ileal instillation of the unconjugated form of gastrin (G4, G10, G34, respectively), absorption of the unconjugated gastrin occurred with a resultant stimulation of gastric acid secretion, whereas 15 injection of the unconjugated gastrin without prior injection of the respective conjugate was without effect on gastric acid secretion (Figure 2). In 4 rats, intraileal infusion of G34 subsequent to intraileal infusion of G34-CA caused a mean increase in gastric acid secretion of  $5.68 \pm$  20  $1.38 \mu\text{mol } 180 \text{ min}^{-1}$  ( $P=0.004$ ). This is illustrated in Figure 7, which shows the result for G34 but which is also representative of G4 and G10.

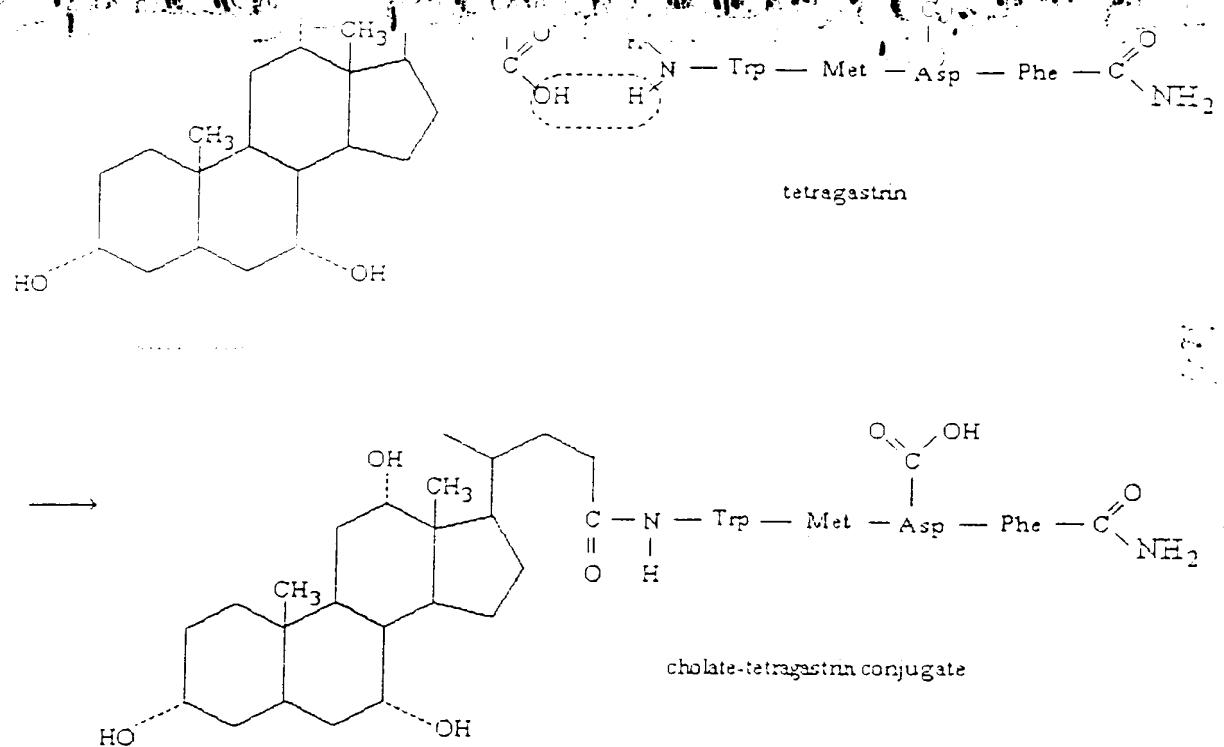


FIGURE 1

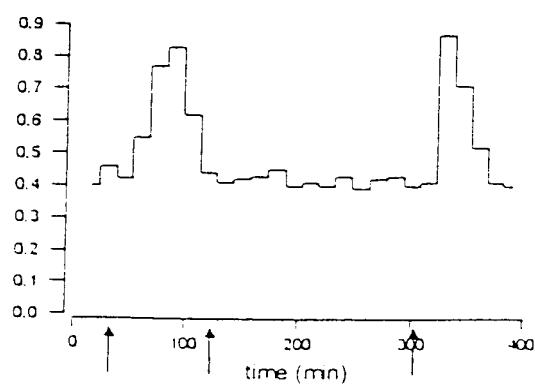
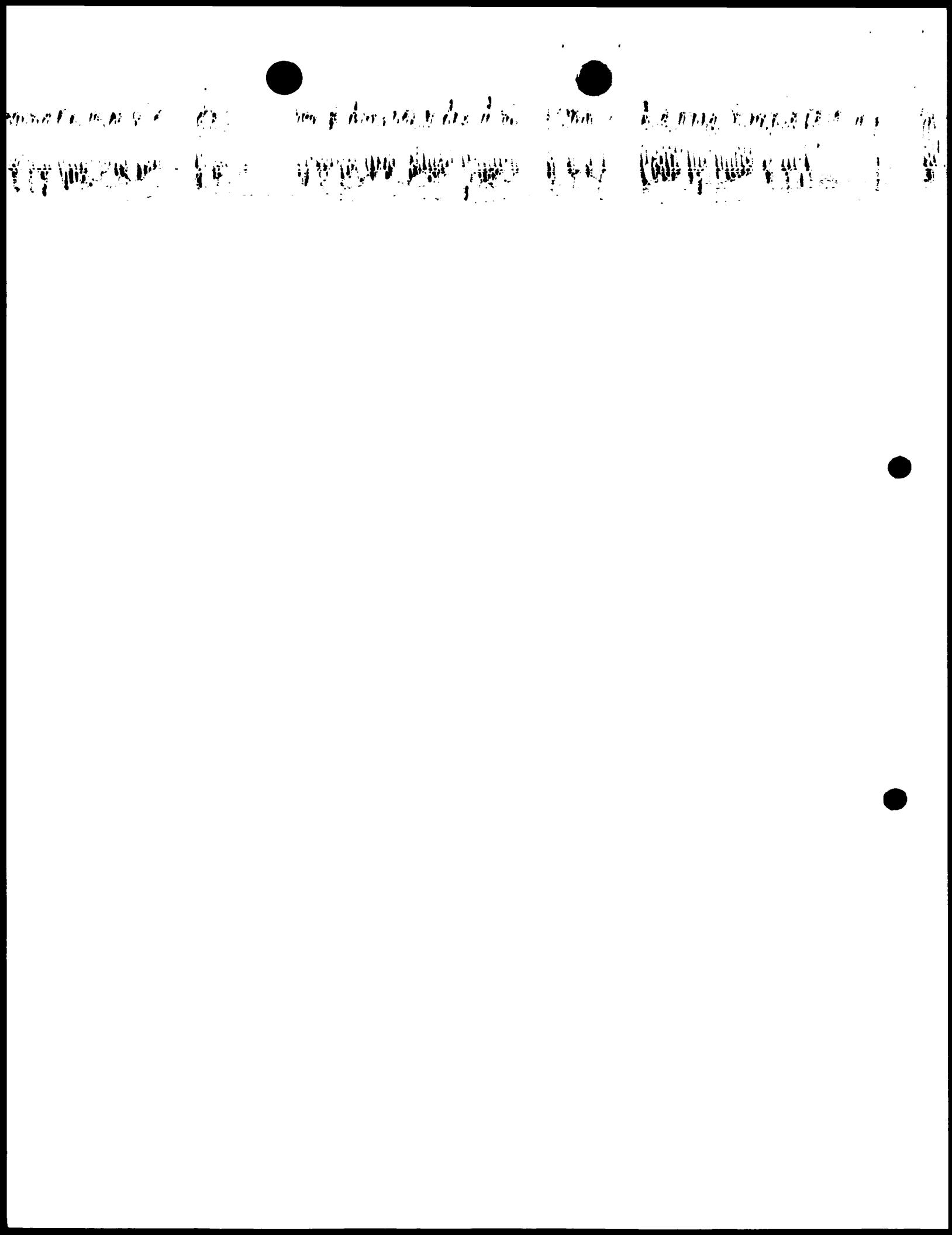


FIGURE 2



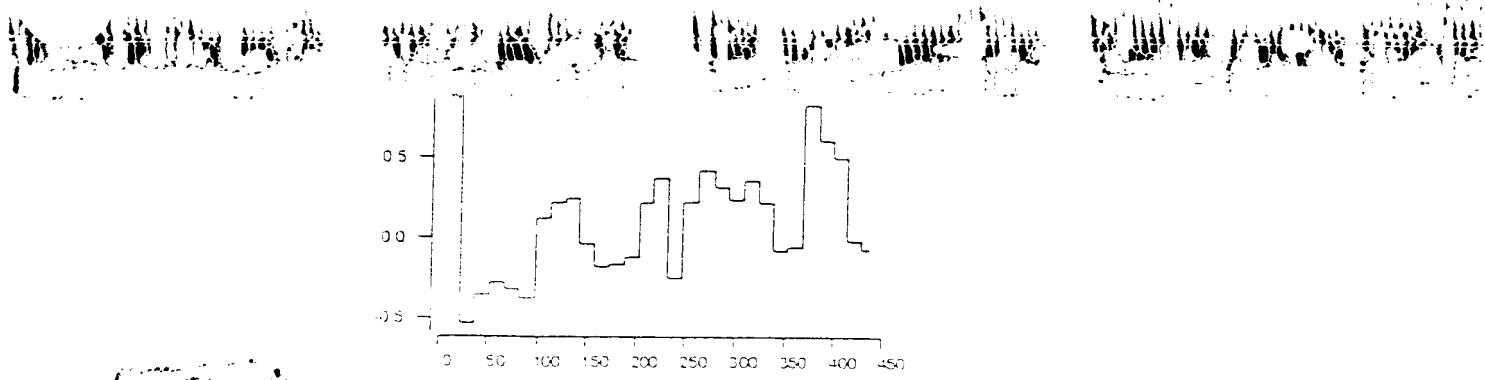


FIGURE 3

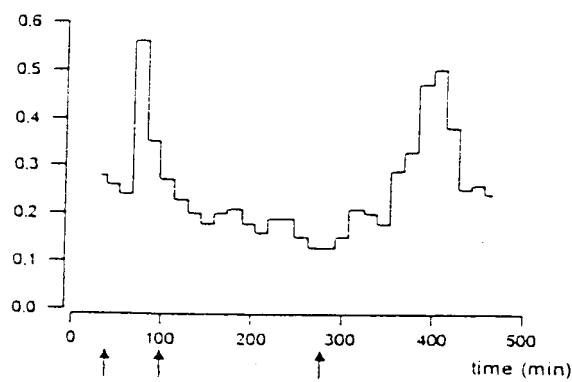


FIGURE 4

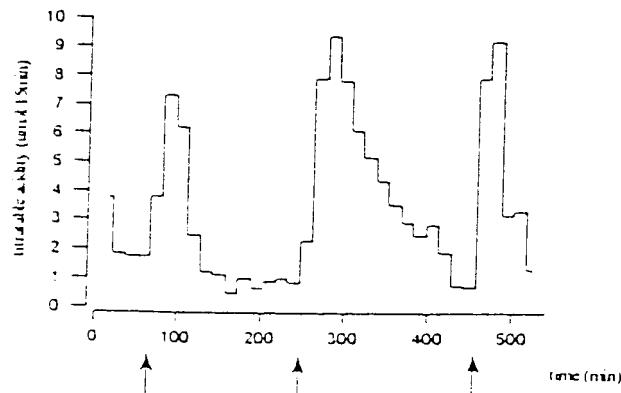
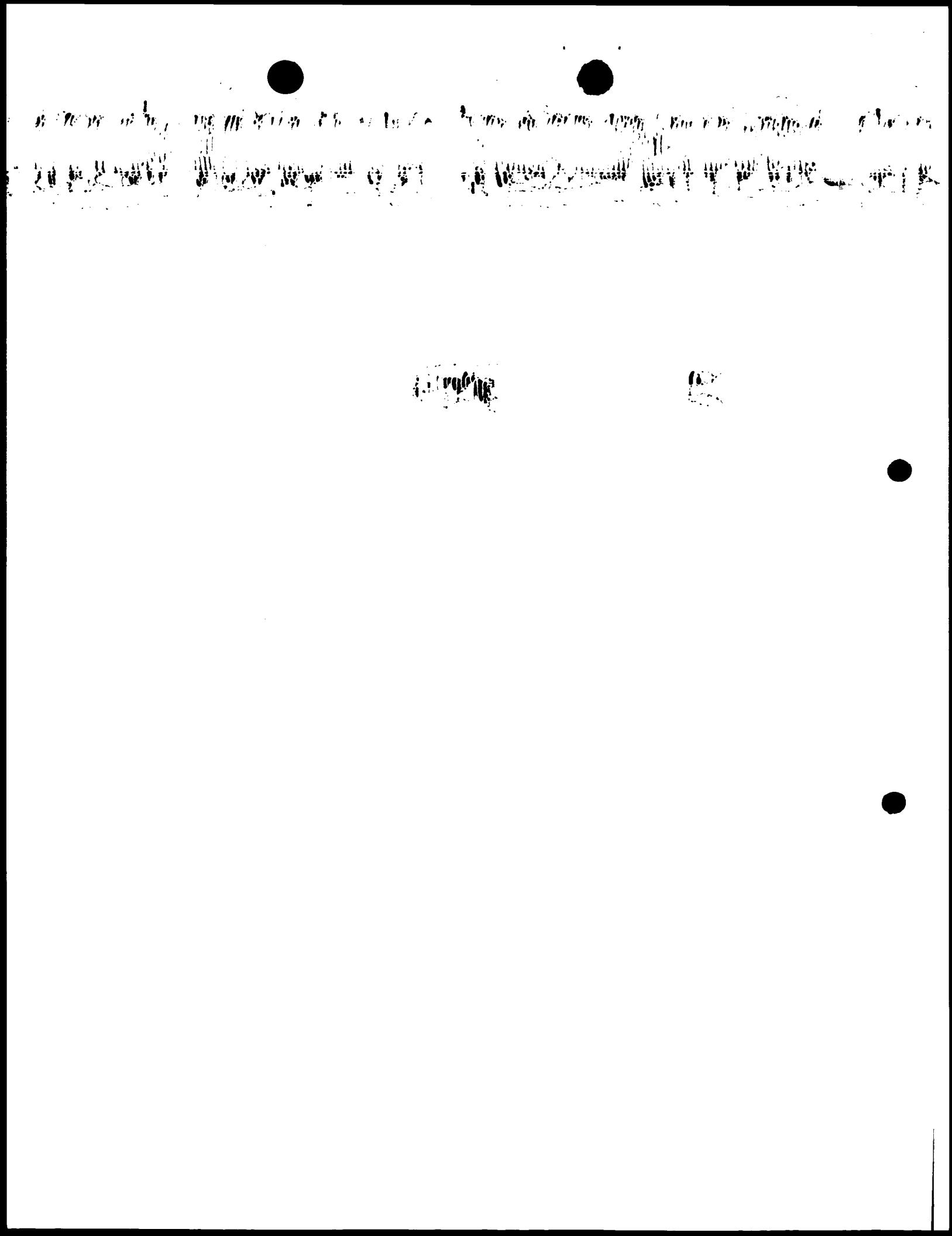


FIGURE 5



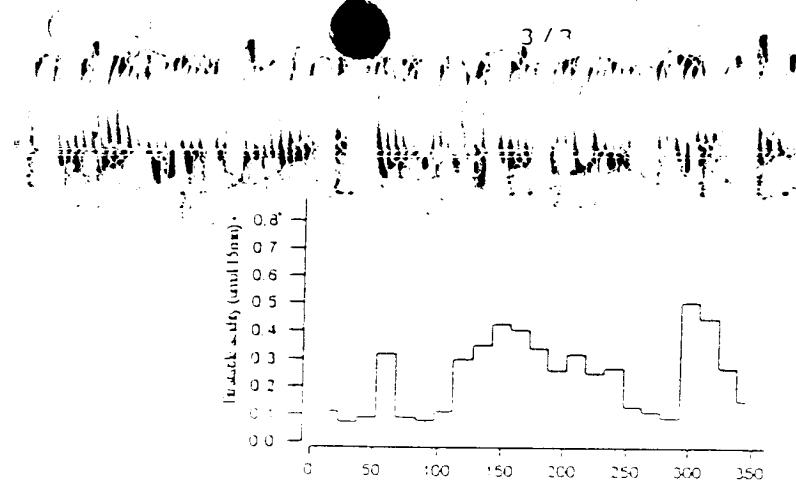


FIGURE 6

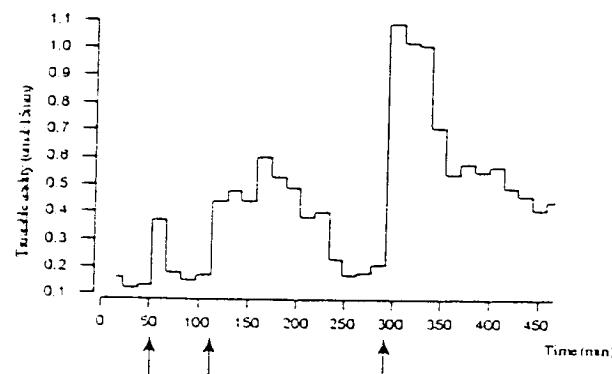
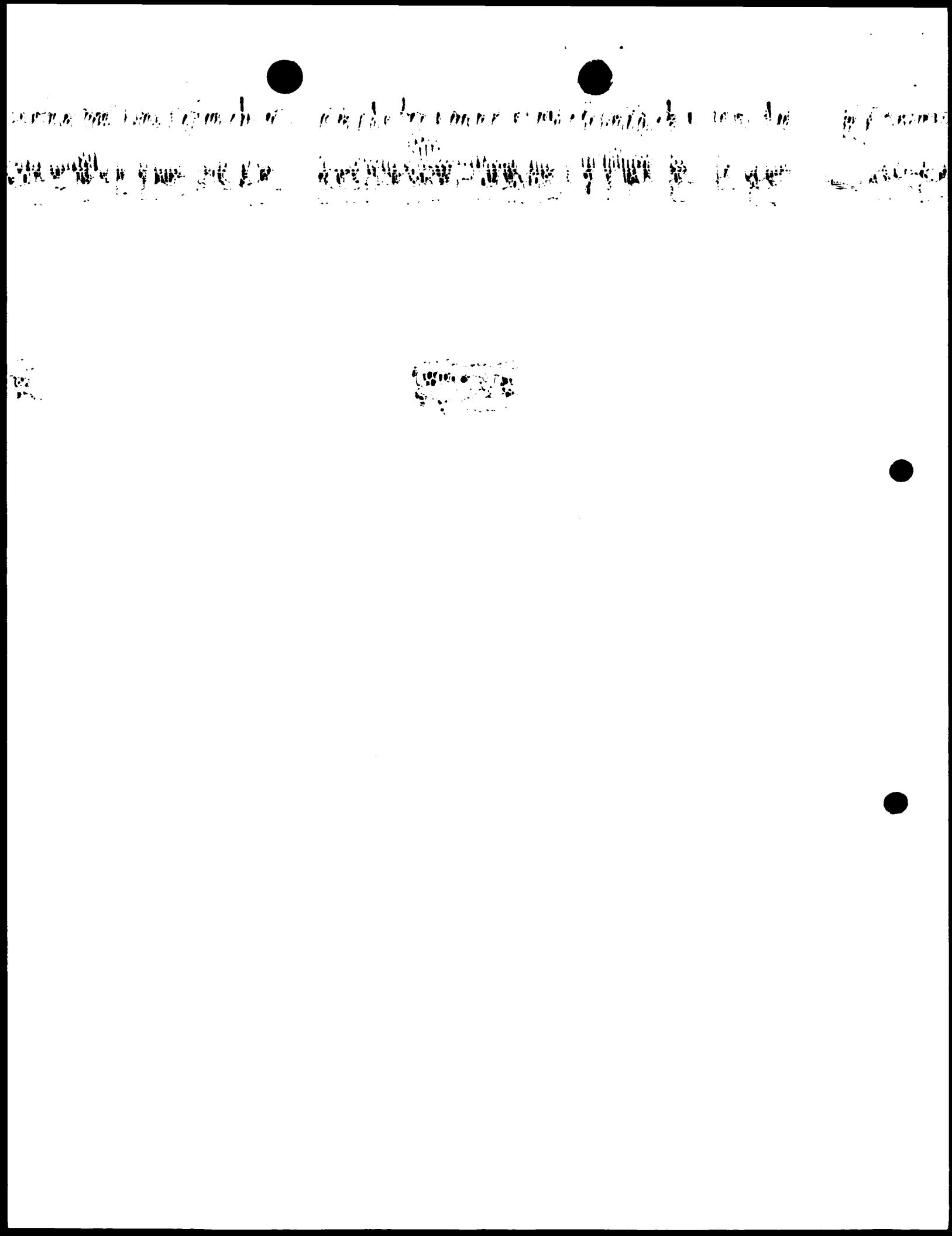
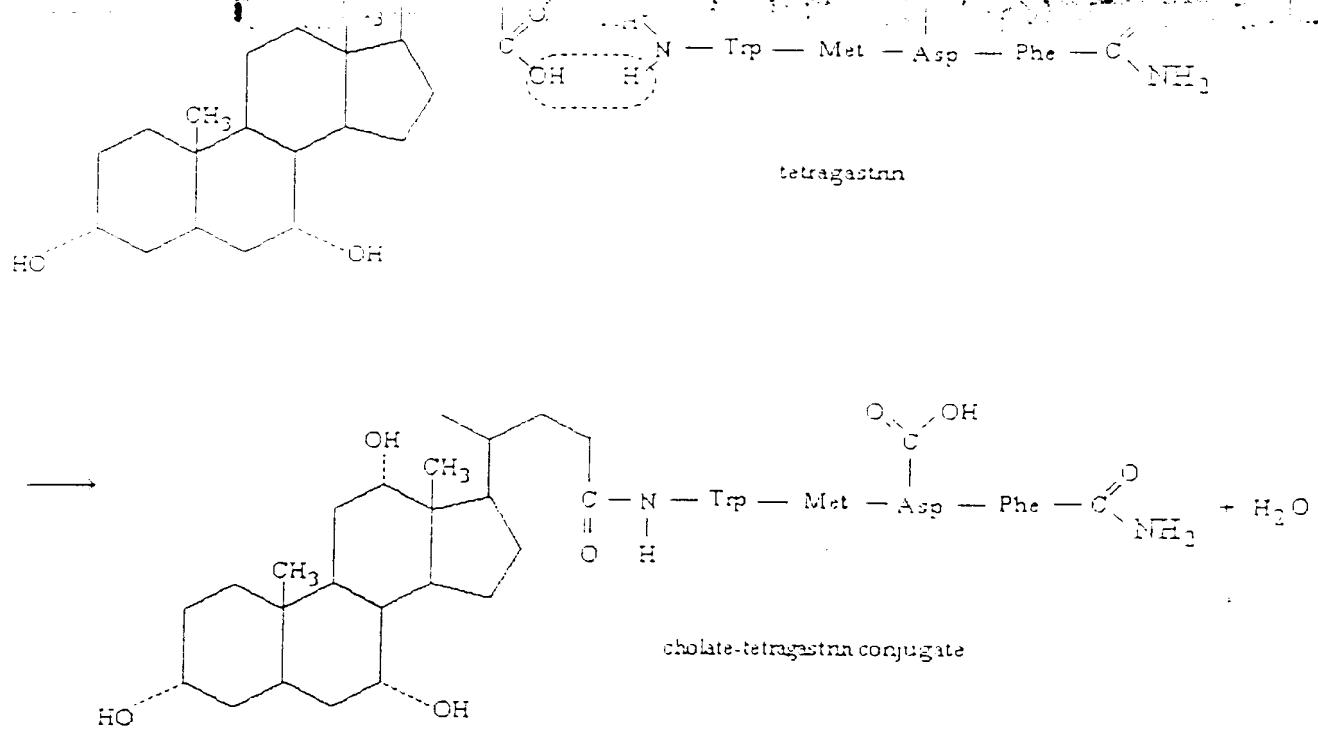
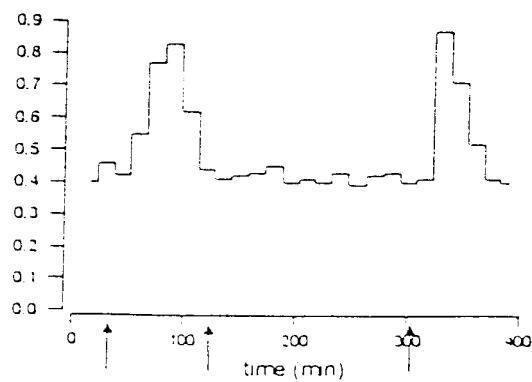
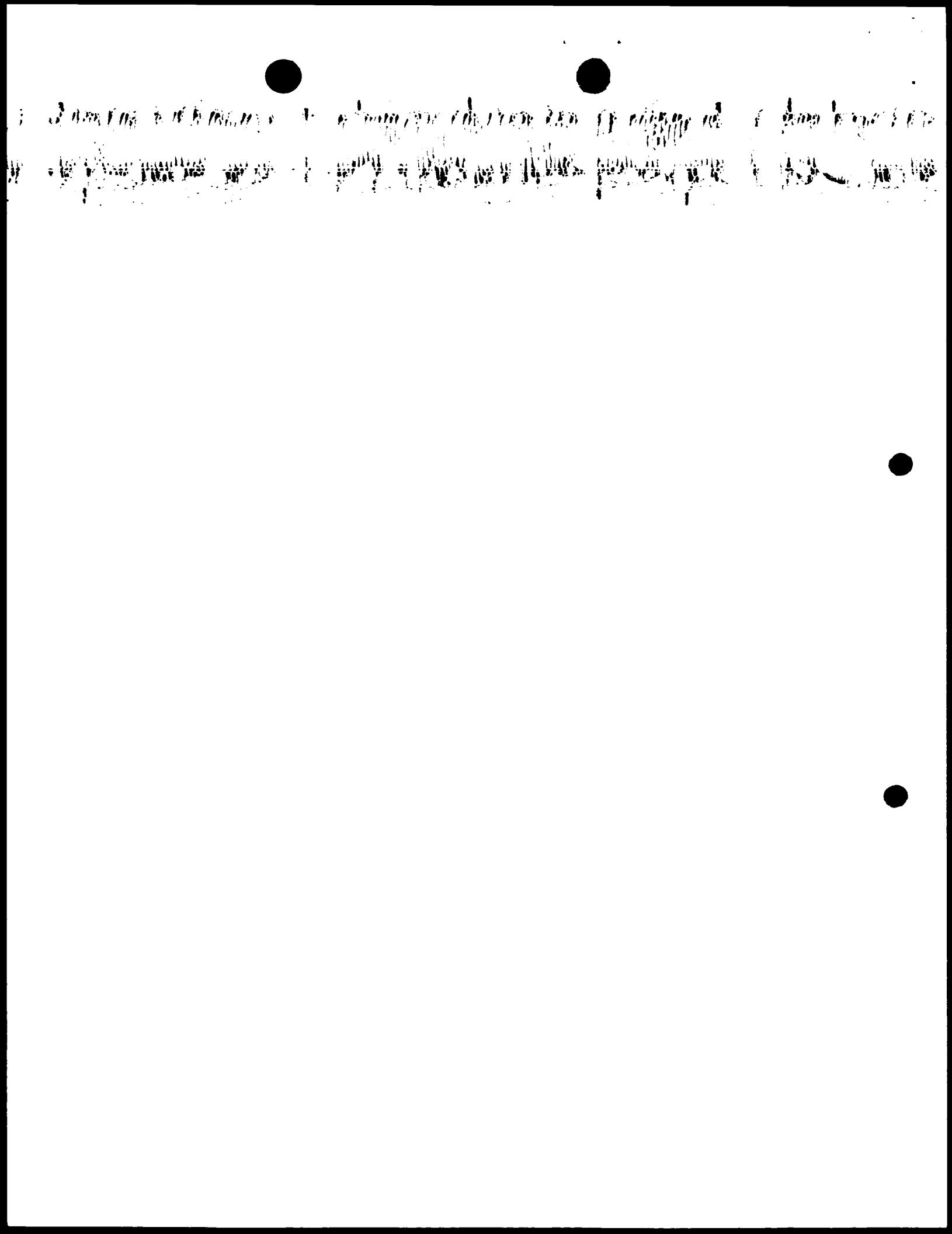


FIGURE 7



FIGURE 1FIGURE 2



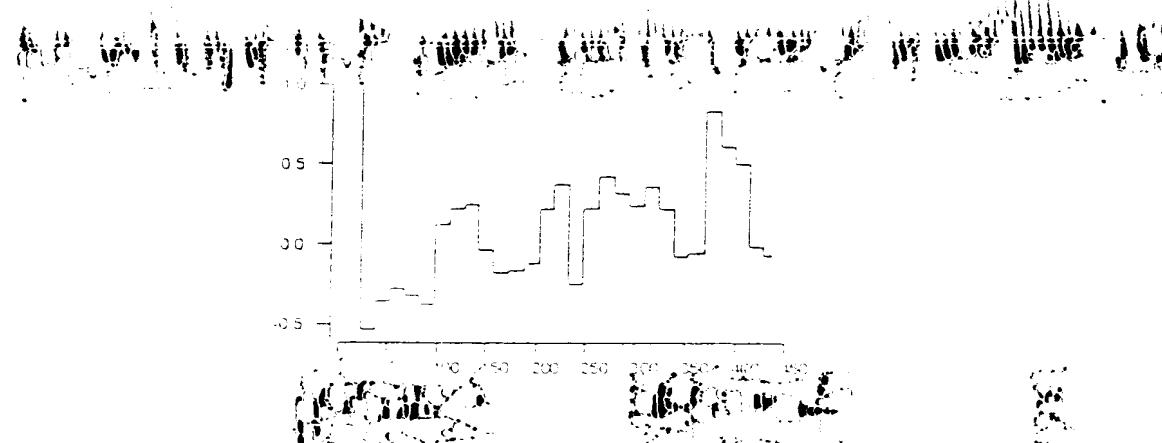


FIGURE 3

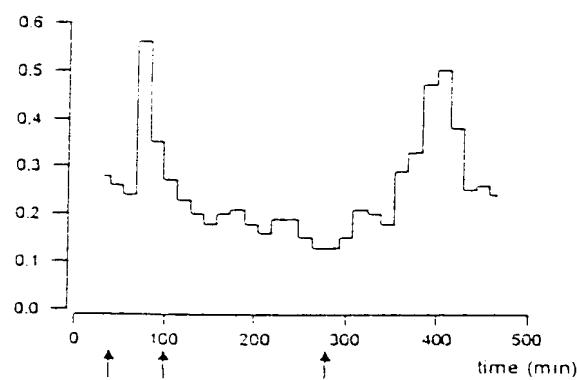


FIGURE 4

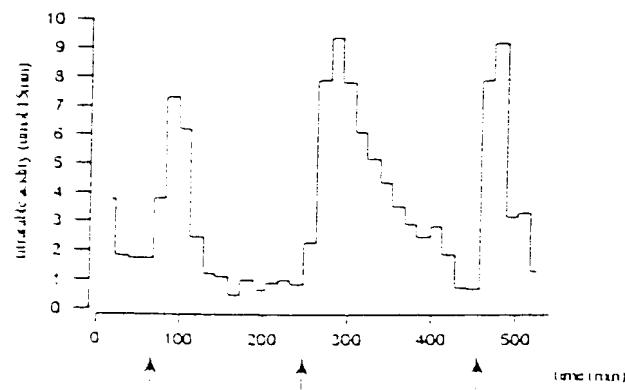
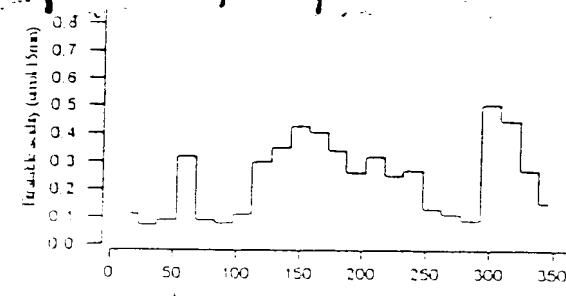
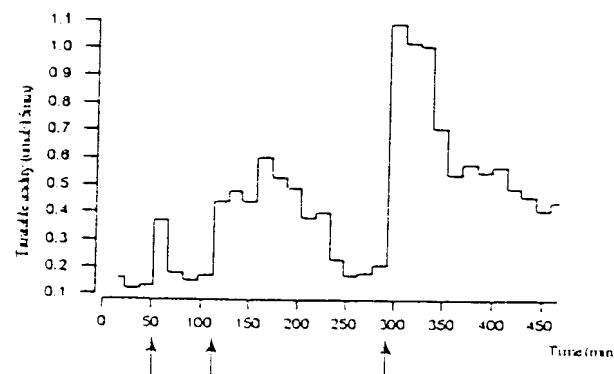


FIGURE 5

100% of the time. 100% of the time. 100% of the time. 100% of the time.

FIGURE 6FIGURE 7

